

Minimum requirements for the grant proposal criteria include:

- ✍ Problem statement or purpose related to improving nursing workforce competence
- ✍ Proposed workforce development activity and how it has general applicability to the entire nursing workforce in the state
- ✍ Proposed timelines
- ✍ Expected outcomes with measurement criteria
- ✍ Funds requested with supporting budget; including cost for dissemination of results statewide
- ✍ Matching and/or in kind budget contribution to be received
- ✍ Indicate preferred funding cycle (all funds given initially; or partial funding given initially, and the remainder at specified intervals)

Reporting Requirement for Funding Proposals:

- 📄 Initial report submitted to the Board 6 months following funding, or at the midpoint of the grant timeline if that is sooner than 6 months from funding date
- 📄 Interim reports submitted at 6-month intervals for the duration of project funded

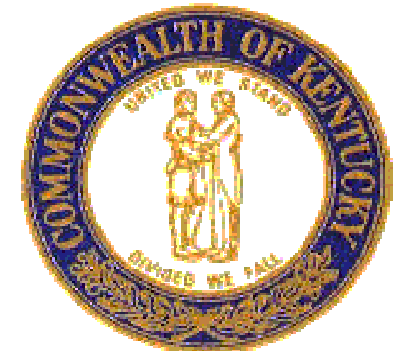
- 📄 Final report submitted to the Board within 3 months of project completion, document outcome achievement and their relationship to funds spent
- 📄 Request from Board



KENTUCKY BOARD OF NURSING
312 WHITTINGTON PARKWAY
SUITE 300
LOUISVILLE, KENTUCKY 40222-5172
(502) 329-7000

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KENTUCKY BOARD OF NURSING



NURSING WORKFORCE COMPETENCY DEVELOPMENT GRANTS

The Kentucky Board of Nursing accepts grant proposals for nursing workforce competency development. Proposal submission deadlines are May 1 and November 1 for possible funding in July and January.

Nursing workforce competency development is understood to mean an organized, structured or formal activity designed to improve the ability of nurses to meet the health care needs of the citizens of Kentucky. The nursing workforce is made up of the actual/or potential licensed nursing population. The proposed activity should have general applicability to the entire nursing workforce in the state. Proposed projects should include a method for dissemination of results statewide.

NURSING WORKFORCE COMPETENCY DEVELOPMENT GRANT GUIDELINES

Provide ten (10) copies of the requested information, typewritten in a proposal. It is recommended not to exceed ten (10) pages, including attachments.

TITLE PAGE

Include the following headers:

Submitted by: (Name)

Organization: (if applicable)

Address


E-mail Address

Telephone


Fax

Title of Project

Amount Requested

 **Problem statement or purpose related to improving workforce competence.**


For example, please include pertinent background information, project significance, and specific aims.

 **Proposed workforce development activity and how it has general applicability to the entire nursing workforce in the state.**


Include detailed description of project activities and staff and/or volunteers needed.

 **Proposed timelines.**


Include beginning and ending dates and all interim project activities.

 **Expected outcomes with measurement criteria.**

Include what is to be accomplished; and explain how these accomplishments will be measured.

 **Funds requested with supporting budget; including cost for dissemination of results statewide.**

Include total projected budget and amount requested.

 **Matching and/or in kind budget contributions to be received. (Include statement of sustainability if applicable.)**
Indicate preferred funding cycle.

All funds given initially; or partial funding given initially, and again at 6 months; or as directed by the Board.

Proposal submission dates are:

May 1 and November 1 for possible funding in July and January.

✉ MAIL TO:

KENTUCKY BOARD OF NURSING
OPERATIONS MANAGER
312 WHITTINGTON PARKWAY
SUITE 300
LOUISVILLE KY 40222-5172